U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABÖR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 1/200			2. Fiscal Year Covered From: 1		
3. Name and address of person filing.			4. Name, file number, and address of labor organization.		
Name	Lawrence	Hill	Name National Postal Mail Ha	ndlers Union	
			Labor Organization File Number 509	780	
P.O. Box, Bldg., Room No., if any 452			P.O. Box, Building and Room Number, if any 401 Suite 1400		
Street Dawson Lane		Street Broadway			
City	Jericho		City New York		
State	New York	ZIP Code + 4 11753-2555	State New York	ZIP Code + 4 10013-3098	
5. Positi	5. Position in labor organization. New York State Executive Board Memb				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.					
Name United States Postal Service Trade Name, if any: P.O. Box, Bldg., Room No., if any PO Box 8000		Receive a USPS corporate disc formerly ATT and now Cingular employees and their families is nothing given specifically employees are entitled to the	that all postal are entitled to. This to union people. All		
		7.b. Amount.			
Street	160 Duryea Road				
City	Melville			\$25	
State					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed			On 516-681-2	888 Telephone Number	

Name of Person Filing Lawrence Hill	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name United Healthcare Trade Name, if any: P.O. Box, Bldg., Room No., if any Unknown Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer					
	11 a Nature of such dealing					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Healthcare company Trade Name, if any: P.O. Box, Bldg., Room No., if any unknown	At our 2004 national convention, in Boston, I understand that a duffel bag that I received was worth approximately \$35.00 dollars. Also, this company, I understand, United Healthcare sponsored a hospitality suite. Wife and I had 3-4 meals there.					
Street unknown	11.b. Approximate dollar value of such dealing. \$35					
City unknown	harmon manus m					
State ZIP Code + 4	12.a. Nature of interest held or income received. My wife had approximately 3 dinners and I had 4 dinners probably worth about 30 buck retail at inflated hotel prices each and I hear that the duffel bag is supposed to be worth approximately 35 dollars.					
	12.b. Amount.					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
Cit.						
State ZIP Code + 4						
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.					
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